Case 3:10-bk-34220 Doc 2 Filed 06/29/10 Entered 06/29/10 18:57:09 Desc Main Document Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (4/10)

In re Patrick T. West and Kathleen M. West Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)	 □ The presumption arises. ☑ The presumption does not arise. □ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans . If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran . By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors . If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of non-consumer debts . By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901 (1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of the Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard.
	 a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/□ I was released from active duty on , which is less than 540 days before this bankruptcy was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF MON	THLY INCOM	1E FOR § 707(b)(7) E	XCLUSION		
	Mai	rital/filing status. Check the box that applies and co	omplete the balan	ce of this part of t	his stat	ement as directed	l .	
	а. 🗆	Unmarried. Complete only Column A ("Debt						
	b. □	Married, not filing jointly, with declaration of spenalty of perjury: "My spouse and I are legally living apart other than for the purpose of evadin Complete only Column A ("Debtor's Income	tcy law or my spo	ouse and	l I are			
2	c. 🗆	Married, not filing jointly, without the declarati Column A ("Debtor's Income") and Column					olete bo	th
	d. 🗷	Married, filing jointly. Complete both Column Lines 3-11.	n A (''Debtor's l	(ncome'') and Co	lumn I	3 ("Spouse's Inc	ome'') f	or
	the s	figures must reflect average monthly income receive six calendar months prior to filing the bankruptcy ca th before the filing. If the amount of monthly incom t divide the six-month total by six, and enter the resu		Column A Debtor's Income	Sı	lumn B pouse's ncome		
3	Gro	ss wages, salary, tips, bonuses, overtime, commis	sions.		\$	7,092.58	\$	1,116.33
4	and busi Do	ome from the operation of a business, profession, enter the difference in the appropriate column(s) of ness, profession or farm, enter aggregate numbers and enter a number less than zero. Do not include a red on Line b as a deduction in Part V.	Line 4. If you op nd provide detail	erate more than or s on an attachmen	ne			
	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00				
	c.	Business income	Subtract Line	b from Line a	\$	0.00	\$	0.00
	in th	t and other real property income. Subtract Line be appropriate column(s) of line 5. Do not enter a nupart of the operating expenses entered on Line b	mber less than ze	ero. Do not includ				
5	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00				
	c.	Rental and other real property income	Subtract Line	b from Line a	\$	0.00	\$	0.00
6	Inte	rest, dividends, and royalties.	1	l_	\$	0.00	\$	0.00
7	Pen	sion and retirement income.			\$	0.00	\$	0.00
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.					0.00	\$	0.00
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in							
		mployment compensation claimed to benefit under the Social Security Act. Debtor \$	0.00 S	pouse \$ 0.00	\$	0.00	\$	0.00

Case 3:10-bk-34220 Doc 2 Filed 06/29/10 Entered 06/29/10 18:57:09 Desc Main Document Page 3 of 8

B22A (Official Form 22A) (Chapter 7) (4/10)

10	source paid alime Secu	me from all other sources. Specify source and amount. If necessary, ces on a separate page. Do not include alimony or separate maintenaby your spouse if Column B is completed, but include all other paony or separate maintenance. Do not include any benefits received unity Act or payments received as a victim of a war crime, crime agains m of international or domestic terrorism.	ance payments syments of ander the Social	s a				
	a.	\$	0.00					
	b.	\$	0.00					
		Total and enter on Line 10			\$	0.00	\$	0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).					7,092.58	\$	1,116.33
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				\$	8,2	208.91	

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION								
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.								
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter the debtor's state of residence: OH b. Enter debtor's household size: 5 79,940.00								
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on line 14. Complete the remaining parts of this statement.								

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)								
16	16 Enter the amount from Line 12.								
17	11, Co depend spouse amoun	al adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line lumn B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's lents. Specify in the lines below the basis for excluding the Column B income (such as payment of the 's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the t of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did eck box at Line 2.c, enter zero.							
1,	a.	\$ 0.00							
	b.	\$ 0.00							
	c.	\$ 0.00							
	Total and enter on Line 17								
18	Curre	nt monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	8,208.91					
		Part V. CALCULATION OF DEDUCTIONS FROM INCOME							
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)									
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								

Case 3:10-bk-34220 Doc 2 Filed 06/29/10 Entered 06/29/10 18:57:09 Desc Main Document Page 4 of 8

19B	of-P of-P www your hour num under	ional Standards: health care. En Pocket Health Care for persons und Pocket Health Care for persons 65 yw.usdoj.gov/ust/ or from the clerk r household who are under 65 year sehold who are 65 years of age or other stated in Line 14b). Multiply ler 65, and enter the result in Line combers 65 and older and enter the reenter the result in Line 19B.	ler 65 years of ag years of age or o of the bankrupto is of age, and en older. (The total Line a1 by Line it. Multiply Line	ge, a older by co ter in nun b1 to	nd in Line a (This information of the control of	2 the IRS National Star nation is available at a Line b1 the number of number of members of shold members must be al amount for househo to obtain a total amount	f members of f your e the same as the ld members f for household	
	Hot	usehold members under 65 years	of age	Н	ousehold me	mbers 65 years of age	e or older	
	a1.	Allowance per member	60.00	a2.	Allowance	per member	144.00	
	b1.	Number of members	5	b2.	Number of	members		
	c1.	Subtotal	300.00	c2.	Subtotal		0.00	300.00
20A	Util avai	al Standards: housing and utiliti ities Standards; non-mortgage exp ilable at www.usdoj.gov/ust/ or fro	enses for the appoint the clerk of the	olica ne ba	ble county a ankruptcy co	nd household size. (Thurt). County: Montgon	is information is nery	\$ 545.00
20B	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ 1,683.55						\$ 0.00	
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
								\$ 0.00
	experies regarded.	ral Standards: transportation; verense allowance in this category regardless of whether you use public took the number of vehicles for which	gardless of wheth ransportation. The you pay the o	ner y pera	ou pay the e	xpenses of operating a	vehicle and	
22A		included as a contribution to your	nousenold exper	ises	in Line 8.			
221	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust or from the clerk of the bankruptcy court.)							\$ 420.00
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) — Check if entitled to an additional deduction.						\$ 0.00	

Case 3:10-bk-34220 Doc 2 Filed 06/29/10 Entered 06/29/10 18:57:09 Desc Main Document Page 5 of 8

I					
	whic	al Standards: transportation ownership/lease expense; Vehicle ch you claim an ownership/lease expense. (You may not claim an vehicles.)	e 1. Check the number of vehicles for ownership/lease expense for more than		
	1	■ 2 or more			
23	(ava Ave	er, in Line a below, the "Ownership Costs" for "One Car" from the illable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or rage Monthly Payments for any debts secured by Vehicle 1, as state a and enter the result in Line 23. Do not enter an amount less the	court); enter in Line b the total of the ted in Line 42; subtract Line b from		
	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00		
•	b.	Average Monthly Payments for debts secured by Vehicle 1, if any, as stated in Line 42	\$ 249.44		
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	246.56
		al Standards: transportation ownership/lease expense; Vehicle cked the "2 or more" Box in Line 23.	2. Complete this Line only if you		210.30
24	(ava Ave	er, in Line a below, the "Ownership Costs" for "One Car" from the cilable at www.usdoj.gov/ust or from the clerk of the bankruptcy corage Monthly Payments for any debts secured by Vehicle 2, as state a and enter the result in Line 24. Do not enter an amount less the	ourt.); enter in Line b the total of the ted in Line 42; subtract Line b from		
	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00		
	b.	Average Monthly Payment for any debts secured by Vehicle 2 as stated in Line 42	\$ 0.00		
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	496.00
25	Oth fede taxe	\$	1,323.58		
26	Oth payi unif	\$	0.00		
27	insu	ner Necessary Expenses: life insurance. Enter total monthly prenarance for yourself. Do not include premiums for insurance on youther form of insurance.		\$	194.00
		ner Necessary Expenses: court-ordered payments. Enter the total	al monthly amount that you are required	Þ	
28	to p	ay pursuant to the order of a court or administrative agency, such not include payments on past due support obligations included	as spousal or child support payments.	\$	0.00
29	Ente emp	ner Necessary Expenses: education for employment or for a pheer the total average monthly amount that you actually expend for eployment and for education that is required for a physically or mentom no public education providing similar services is available.	education that is a condition of	\$	0.00
30	chil	ner Necessary Expenses: childcare. Enter the total monthly amound deare- such as baby-sitting, day care, nursery and preschool. Do numerts			0.00
		ments. ner Necessary Expenses: health care. Enter the total monthly amount of the control of th		\$	0.00
31	heal rein in L	Φ.	0.00		
	34.	ner Necessary Expenses: telecommunication services. Enter the		\$	0.00
32	you serv				
		essary for your health and welfare or that of your dependents. Do aucted.		\$	90.00
33	Tot	\$	5,248.14		

		Subpart B: Additional Living Ex Note: Do not include any expenses that you	_				
	expe	Ith Insurance, Disability Insurance and Health Savings Account enses in the categories set out in lines a-c below that are reasonably use, or your dependents					
	a.						
	b.	Disability Insurance	\$	0.00			
34	c.	Health Savings Account	\$	0.00			
	Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ 0.00						
35	mon elde	ttinued contributions to the care of household or family member thly expenses that you will continue to pay for the reasonable and rary, chronically ill, or disabled member of your household or member to pay for such expenses.	necessary care a	and support of an	\$	0.00	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					0.00	
37	Home energy costs. Enter the total monthly amount, in excess of the allowance specified by the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide					0.00	
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or					0.00	
39	Additional food and clothing expense. Enter the total monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					0.00	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					177.50	
41	Tot	al Additional Expense Deductions under § 707(b). Enter the total	of Lines 34 th	rough 40.	\$	1,116.45	

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

				Subpart C: Deduction	ons for l	Debt Paymen	t			
	you Payi total filin	ure payments on secured own, list the name of the ment, and check whether l of all amounts scheduled g of the bankruptcy case, l of the Average Monthly	creditor, i the payme d as contro divided b	dentify the property sed ont includes taxes or insactually due to each Se of the contract of t	curing th curance. cured Cr	e debt, and sto The Average I editor in the 6	ate the Average M Monthly Payment 60 months followi	lonthly is the ng the		
42		Name of Creditor	Proper	ty Securing the Debt		age Monthly Payment	Does paymer include taxes insurance?			
	a.	Cenlar	real est	ate	\$	1,405.22	Z yes □no			
	b.	PNC Mortgage	real est	ate	\$	278.33	□yes □no			
	c.				\$	0.00	□yes □no			
					Total: Lines d	Add 1, b and c			\$	1,683.55
	addi wou	may include in your deduition to the payments liste ld include any sums in del any such amounts in the Name of Credito	ed in Line e fault that following	42, in order to maintair must be paid in order t	n possess o avoid r t addition	ion of the pro epossession o nal entries on	perty. The cure an r foreclosure. Lis	nount		
43	a.	Chase Auto Finance				\$	249.44			
	b.					\$	0.00			
	c.					\$	0.00			
						Total: Add	Lines a, b and c		\$	249.44
44	prio	ments on prepetition prion rity tax, child support and not include current oblig	d alimony	claims, for which you v	vere liab				\$	68.70
	follo	pter 13 administrative exowing chart, multiply the ense.						rative		
	a.	Projected average mor	nthly chap	ter 13 plan payment.		\$		0.00		
45	b.	Current multiplier for schedules issued by the Trustees. (This information the clerk of the base)	e Executive ation is av	e Office for United Stat ailable at <u>www.usdoj.g</u>	es	r X	(0.000%		
	c.	Average monthly admi	nistrative	expense of chapter 13 o	case	Total: Multiply	Lines a and b		\$	0.00
46	Tota	ıl Deductions for Debt Po	ayment. E	nter the total of Lines 4	2 throug				\$	2,001.69
	1	•		Subpart D: Total De	duction	s from Incom	ne		ı	
47	Tota	ul of all deductions allow	ed under	\$ 707(b)(2). Enter the t	otal of L	ines 33 41 au	nd 46		\$	8,366.28

Case 3:10-bk-34220 Doc 2 Filed 06/29/10 Entered 06/29/10 18:57:09 Desc Main Document Page 8 of 8

		Part VI. DETERMINATION OF § 707 (b) (2)	PRESUMPTION					
48	Ente	er the amount from Line 18 (Current monthly income for § 707 (b) (2))		\$ 8,208.91				
49	Ente	er the amount from Line 47 (Total of all deductions allowed under § 707	(b) (2))	\$ 8,366.28				
50	Mon	athly disposable income under § 707 (b) (2). Subtract Line 49 from Line 48	3 and enter the result.	\$ 0.00				
51		nonth disposable income under § 707 (b) (2). Multiply the amount in Line result.	50 by the number 60 and enter	\$ 0.00				
	Init	ial presumption determination. Check the application box and proceed as The amount on Line 51 is less than \$7,025.* Check the box for "The pro-		he top of page 1 of this				
52	statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$11,725.* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).							
53	Ente	er the amount of your total non-priority unsecured debt		\$ 0.00				
54	Thre	eshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$ 0.00				
	Seco	ondary presumption determination. Check the applicable box and proceed	as directed.					
55	□							
		☐ The amount on Line 51 is equal or greater then the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
		Part VII. ADDITIONAL EXPENSE (CLAIMS					
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707 (b) (2) (A) (ii) (I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
		Expense Description	Monthly Amount					
56	a.		\$ 0.00					
	b.		\$ 0.00					
	c.		\$ 0.00					
		Total: Add Lines a, b, and c	\$ 0.00					

		1	art VIII: VERIFICATION	
	I declare under pend debtors must sign.)	ulty of perjury that the inform	ation provided in this statement is true and correct. (If this is a joint case, both	
57	Date:	6/28/2010	Signature: /S/ Patrick T. West (Debtor)	
	Date:	6/28/2010	Signature: /S/ Kathleen M. West (Joint Debtor, if any)	

^{*} Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.